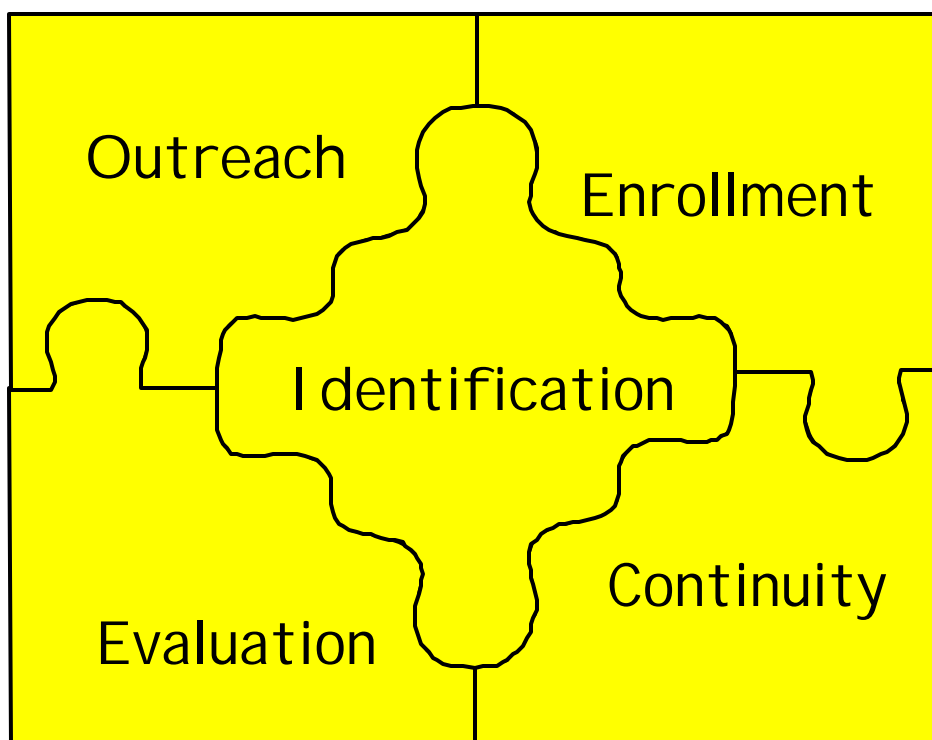


CHILDREN'S PROGRAMS IN INDIANA

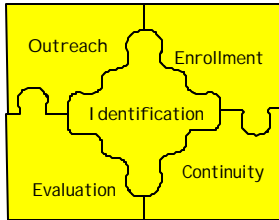


Coordination Work Group
CHIP Advisory Panel

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Insurance Programs

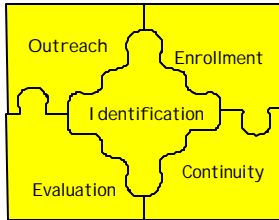


Children's Health Insurance Program (CHIP)

FEDERAL LEGISLATION: The *Balanced Budget Act of 1997* created the federal Children's Health Insurance Program (CHIP) which allows states to offer health coverage, in the form of Medicaid or a separate insurance program, to children under 19 under 200% of the federal poverty level.

IMPLEMENTATION IN INDIANA – PHASE I: In Senate Enrolled Act 19, the State of Indiana expanded Medicaid eligibility for all children under 19 to 150% of the federal poverty level. This expansion expires on June 30, 1999. The Indiana State CHIP Plan also included the expansion of Medicaid for children born before October 1, 1983 (14-18 year olds), which was effective in June of 1997, as a part of the Indiana CHIP.

IMPLEMENTATION IN INDIANA – PHASE II: Phase II of the Indiana CHIP, beginning July 1, 1999, will be defined during the 1999 legislative session.



Medicaid/Hoosier Healthwise

STATE AGENCY: Office of Medicaid Policy and Planning (OMPP), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: *Eligibility Determination* - County Offices of the Division of Family and Children (DFC), FSSA; *Case Management/Benefits Advocacy* – Managed Care Solutions; *Service Providers* – Maxicare (Northern, Central & Southern Regions), Managed Health Services (Central Region)

ELIGIBILITY AND ENROLLMENT: Until July 1, 1998, eligibility was determined only by caseworkers at the County Office of Family and Children. Beginning July 1, 1998, outstationing will be implemented on a voluntary basis in hospitals, public or private elementary and secondary schools, Medicaid providers, licensed day care centers, county health departments, federally qualified health centers, and rural health clinics. Offices wishing to act as an enrollment center for Medicaid must enter into an agreement with OMPP to provide enrollment services. Even if the Medicaid application is received by the enrollment center, the actual eligibility determination is made by a caseworker at the County Office of Family and Children. The federal government has set a time standard of 45 days for the processing of an application. Most applications are processed within the time standard (exact figures are not available at this time). Once the application is approved, it takes 2-3 weeks for the client to receive a Medicaid card. During that 2-3 week period, the client can get an enrollment number from the caseworker to give to a doctor to receive services.

SERVICES PROVIDED: As required by states receiving Federal funds for Medicaid, the Indiana Medicaid program provides the following services:

- ◆ Inpatient hospital services
- ◆ Outpatient hospital services
- ◆ Rural health clinic (including federally-qualified health center) services
- ◆ Laboratory and x-ray services
- ◆ Nurse practitioners' services
- ◆ Nursing facility services and home health services for people age 21 and older
- ◆ Early and periodic screening diagnosis and treatment (EPSDT) for people under age 21
- ◆ Family planning services and supplies
- ◆ Physicians' services and medical and surgical services of a dentist Nurse-midwife services

In addition to the minimum mandatory services, at the state's option, a number of additional services can be provided. Indiana's Medicaid covered services package is one of the most comprehensive in the country. The following services are offered in Indiana's Medicaid program, in addition to the federally required services:

- ◆ Podiatrists' services
- ◆ Optometrists' services
- ◆ Chiropractors' services
- ◆ Psychologists' services
- ◆ Medical Social Workers' services
- ◆ Nurse Anesthetists' services
- ◆ Private duty nursing services
- ◆ Clinic services
- ◆ Dental services
- ◆ Physical therapy
- ◆ Occupational therapy
- ◆ Speech, hearing and language disorders
- ◆ Prescribed drugs
- ◆ Prosthetic devices
- ◆ Eyeglasses
- ◆ Diagnostic services
- ◆ Screening services
- ◆ Preventive services
- ◆ Rehabilitative services
- ◆ Inpatient hospital services for age 65 or older in institutions for mental diseases
- ◆ Intermediate care for the mentally retarded (ICF/MR) services
- ◆ Inpatient psychiatric services for under age 21
- ◆ Christian Science nurses
- ◆ Christian Science sanitariums
- ◆ Nursing facility services for under age 21
- ◆ Emergency hospital services
- ◆ Transportation services
- ◆ Case management services
- ◆ Respiratory care services

ENROLLEES: Any Temporary Assistance for Needy Families (TANF) recipient is automatically eligible for Medicaid. In addition, pregnant women and infants under 150% of the federal poverty level (FPL); children 1-5 years of age under 133% FPL; and children 6-18 years of age under 100% FPL are eligible for Medicaid. After July 1, 1998, all children and pregnant women under 150% FPL will be eligible for Medicaid. During State Fiscal Year (SFY) 1997, the average monthly enrollment of children through 18 years of age was 208,834. Medicaid served a total of 315,512 children during SFY1997.

CLIENT INFORMATION COLLECTED: Name, address, other household members applying for assistance, parent or spouse in the household who is not applying, pregnancy and disability information, citizenship, income, employment, dependent care expenses, child support, insurance status, and signature.

FUNDING: Medicaid receives both state and federal funds. The federal match rate is redetermined each year on the basis of the state's per capital income in relation to the national average. For federal fiscal year 1998, the federal share of expenditures is 61.41%. The state pays the remaining 38.59%. Although there are many federal requirements for Medicaid, the federal government is mandating significant coordination with CHIP.

CASE MANAGERS: Benefits advocates from Managed Care Solutions, a contractor of the State of Indiana, facilitate the managed care enrollment process for clients and assist them in choosing a primary medical provider (PMP). Once a client is a patient of a PMP, that physician coordinates their care.

EDUCATION/OUTREACH: Education about managed care is provided by benefits advocates. Education regarding benefits and eligibility may be provided by a caseworker in a County Office of Family and Children. Many new education and outreach efforts are being kicked off this summer in coordination with the CHIP Medicaid Expansion to 150% of the federal poverty level. Outstationing at enrollment centers will begin, presumptive eligibility will be available at disproportionate share hospitals (DSH), and a media campaign will begin with the aim of heightening awareness of the Hoosier Healthwise program in the general public.

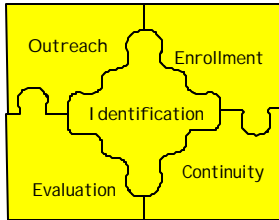
EVALUATION: A contractor evaluates customer satisfaction and provider satisfaction in accordance with federal requirements. In addition, Medicaid monitors several key indicators, such as auto-assignment rates, applications processed beyond the time standard, etc.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: There should be no significant barriers to coordination of Medicaid with CHIP. From July 1, 1998, until June 30, 1999, the CHIP program consists of an expansion of Medicaid eligibility to 150% of the federal poverty level. In addition, the federal government is requiring that enrollment in each program be completely streamlined.

CHIP REIMBURSEMENT: CHIP money will be used to pay for services provided to newly eligible children after the July 1 implementation date. In addition, CHIP funds may be used for the services provided to the expansion to 100% of the federal poverty level for 14-18 year olds born before October 1, 1983. This expansion, effective during the summer of 1997, was also included in the Indiana state plan for CHIP. It is unknown how CHIP will relate to Medicaid after July 1 of 1999.

SHARED PATIENT INFORMATION: Not applicable.



Early and Periodic Screening Diagnosis and Treatment (EPSDT)/ Health Watch

STATE AGENCY: Office of Medicaid Policy and Planning (OMPP), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: *Eligibility Determination* - County Offices of the Division of Family and Children (DFC), FSSA; *Case Management/Benefits Advocacy* – Managed Care Solutions; *Service Providers* – Maxicare (Northern, Central & Southern Regions), Managed Health Services (Central Region)

ELIGIBILITY AND ENROLLMENT: Same as Medicaid (p. 3).

SERVICES PROVIDED: EPSDT/Health Watch is the specific treatment program for Medicaid recipients under the age of 21. All Medicaid-covered services are provided, plus any services determined to be medically necessary (even if Medicaid does not cover them).

ENROLLEES: EPSDT/Health Watch is available to all Medicaid recipients under 21 years of age. During State Fiscal Year (SFY) 1997, the average monthly enrollment of children through 18 years of age was 208,834. Medicaid served a total of 315,512 children during SFY1997.

CLIENT INFORMATION COLLECTED: Same as Medicaid (p. 5).

FUNDING: Same as Medicaid (p. 5).

CASE MANAGERS: Same as Medicaid (p. 5).

EDUCATION/OUTREACH: Caseworkers and Benefit Advocates for the Hoosier Healthwise program inform recipients about the EPSDT/Health Watch benefits available to all Medicaid-eligible children. By federal law, written notices are also sent to newly enrolled children and pregnant women and to children due for a check-up.

EVALUATION: The Hoosier Healthwise Clinical Advisory Committee reviews medical policy issues and provider concerns. The state produces an annual participation report for the federal

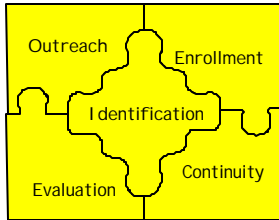
government, which summarizes the number of eligibles, their participation rates in the program, and the types of screening services they receive.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: All services provided to children under 19 and within the appropriate income levels would be covered by CHIP. Children aged 19 and 20 would be covered by Medicaid.

SHARED PATIENT INFORMATION: Not applicable.



Children's Special Health Care Services (CSHCS)

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: *Application process* – County Offices of Family and Children, First Steps Single Points of Entry, physicians' offices, Riley Hospital for Children; *Eligibility Determination* – Indiana State Department of Health (ISDH); *Service Providers* – physicians offices or clinics under an agreement with ISDH.

ELIGIBILITY AND ENROLLMENT: A family may apply for CSHCS at a DFC office, a SPOE, physician's office or Riley Hospital. CSHCS is continually conducting outreach to physicians. The application is processed at the state office at ISDH. Once eligibility is determined, a care coordinator is selected and s/he contacts the family. Applications are processed as quickly as possible; however, follow-up with medical eligibility can be time-consuming and the number of applications received has increased considerably during the last year.

SERVICES PROVIDED: CSHCS serves persons from birth to 21 years of age. CSHCS provides a basic service package and a limited service package to help meet the needs of CSHCS clients. The basic service package for medically and financially eligible children includes primary care (preventive care, immunizations and sick-child care). It also includes routine dental care as well as the provision of prescription medication. The limited service package consists of services that must be related to the child's eligible medical condition(s) including the following: inpatient hospitalization, surgery, therapies, equipment, dental services (other than routine care), and emergency services.

Currently, CSHCS has provider agreements with primary, specialty and dental practitioners throughout Indiana to provide direct medical services. The claims unit pays for approved medical services for CSHCS clients. The CSHCS Program pays for medical services at Medicaid rates. However, the ISDH is moving away from direct service provision and beginning to offer care coordination at the community level through contractors.

ENROLLEES: CSHCS has financial and medical eligibility requirements. There are four main requirements a child must meet in order to be medically eligible for the CSHCS program. The child must:

- ◆ Be under the age of 21 years;
- ◆ Have a physical condition that has lasted or is expected to last at least two years if not treated and the condition necessitates more health care services that are usually required for a child of that age;
- ◆ The physical condition must produce or will also produce disability, disfigurement, limitation of function, need for a special diet, or dependence on an assistive device; or nonintervention will, within one year, lead to a chronic disabling physical condition.
- ◆ The physical condition must fall within one of the 22 medical categories approved for the CSHCS program.

The current financial eligibility standard for the program is 250% of the federal poverty level. Approximately 7,000 children are currently being served by CSHCS.

CLIENT INFORMATION COLLECTED: Information collected includes financial, insurance and medical information.

FUNDING: The CSHCS program is a federal and state funded medical assistance program. Federal funds are provided from Title V Maternal and Child Health funds. The CSHCS program must report on outcome measures in the Title V annual report. State funds are provided from the general fund, county property taxes, and miscellaneous revenue.

CASE MANAGERS: The CSHCS program provides care coordination services to its clients. Care coordination is the process that includes conducting a comprehensive assessment, developing an individualized service plan, linking individuals with services, advocating on behalf of the client, monitoring services received, and measurement of individual progress and reevaluation. Care coordination assures that services are delivered in a supportive, culturally sensitive, acceptable, effective and efficient manner. Care coordination is the linking process that integrates services according to individual needs. It is an active and ongoing process of assigning an individual to identify, access and utilize community resources and coordinate services and benefits to meet individual needs. It is especially appropriate for children who need the services of many different providers or whose risk status requires regular, comprehensive services by health care providers, as well as other community agencies and professionals.

Care coordinators work with physicians, nurses, social service workers and other relevant individuals to help children and their families get information and medical care. If a child is eligible to receive medical services through CSHCS, the assigned care coordinator assists the families in locating and accessing appropriate physicians for the type of service to be given: primary, specialty and dental. In addition, care coordinators make appropriate referrals to durable medical providers, tertiary care providers, rehabilitation providers and pharmacies. The

care coordinator monitors the case to ensure that the family receives services and updates as needed.

Each care coordinator is responsible for a specific region in Indiana, and children are assigned to a care coordinator based upon their county of residence. The ISDH is moving away from providing direct services, and recently issued contracts to community-based providers to deliver “care coordination services.”

EDUCATION/OUTREACH: CSHCS offers physician education. CSHCS collaborates with the Indiana First Steps program and has a referral system with the neonatal intensive care unit at Riley Hospital for Children. In addition, CSHCS will soon share a combined enrollment form with Medicaid, First Steps, WIC and MCH.

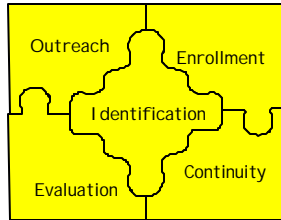
EVALUATION: CSHCS has developed an evaluation tool to assess the quality of care given by its outsourced care coordinators. CSHCS has used participant surveys to perform quality assurance and is in the process of obtaining a new computer system which will include a quality assurance component.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Until July 1, 1999, CHIP money could be used to cover Medicaid-eligible services for those children who are under 150% FPL. After July 1, 1999, the eligibility level for CHIP may change.

SHARED PATIENT INFORMATION: Because of the collaboration between CSHCS and First Steps, both programs share medical records and parental consent forms. There is also a joint enrollment form.



Home and Community-Based Medicaid Waiver Services

STATE AGENCY: Division of Disability, Aging and Rehabilitative Services (DDARS), FSSA

LOCAL ADMINISTERING AGENCY: *Eligibility Determination* - Area Agency on Aging (AAA);
Case Management – AAA; *Service Providers* – Vary with situation.

ELIGIBILITY AND ENROLLMENT: An applicant must contact the Area Agency on Aging which serves her/his county and the AAA case manager will complete the intake and application forms within 15 days. The applicant is then put on a waitlist. When the Medicaid Waiver Unit informs the case manager that a slot is open, the manager notifies the applicant within 3 days (this becomes the “target date”). The case manager schedules an evaluation and physical examination within 7 days of the target date. The case manager then sends this information to the Office of Medicaid Policy and Planning (OMPP) within 40 days of the target date. The packet is reviewed by the Level of Care Unit and forwarded to the Medicaid Waiver Unit within 3 working days. The Medicaid Waiver Unit forwards the determination to the case manager within 2 working days. The case manager and client work together to develop a Plan of Care and submit it to the Medicaid Waiver Unit within 50 calendar days of the target date. The Unit reviews and processes the plan within 3 working days and returns it to the case manager. The case manager completes the approval/denial process within 60 calendar days of the target date. Service providers then contact the client to begin services.

SERVICES PROVIDED: In addition to regular Medicaid services (see page 2), the following waiver services are available.

Autism Waiver

Adult Day Care
Assistive Technology
Case Management
Environmental Modifications
Family Training

ICF/MR Waiver

Adult Day Care
Assistive Technology
Case Management
Environmental Modifications
Family Training

Medically Fragile Children's Waiver

Attendant Care
Case Management
Environmental Mod.
Respite Care

Autism Waiver (con.)

Habilitation Services
 Behavior Management
 Day-Group
 Day-Individual
 Pre-Vocational Training

 Residential-Based Activities
 of Daily Life (ADL)
 Supported Employment
 Transportation
 Occupational Therapy
 Personal Assistance
 Physical Therapy
 Respite Care
 Speech Therapy
 Supported Living
 Personal Emergency
 Response System

ICF/MR Waiver (con.)

Habilitation Services
 Behavior Management
 Day-Group
 Day-Individual
 Pre-Vocational Training

 Residential-Based ADL

 Supported Employment
 Occupational Therapy
 Personal Assistance
 Physical Therapy
 Respite Care
 Speech Therapy
 Supported Living
 Personal Emergency
 Response System

ENROLLEES: *Autism Waiver* – Diagnosis of autism with Intermediate Care Facility for Mentally Retarded (ICF/MR) level of care (ICF/MR means that the child does not require a hospital or skilled nursing facility, may need a public institution for care of the mentally retarded). *ICF/MR Waiver* – Diagnosis of developmental disability with ICF/MR level of care. *Medically Fragile Children's Waiver* – Diagnosis as medically fragile child (birth through 17 years old), with Skilled Nursing Facility (SNF)/Hospital level of care. For all three waivers, parental income and resources are disregarded for children under 18 years of age. 648 children are currently served under these waivers (*Autism Waiver* – 62; *ICF/MR* – 461; *Medically Fragile Children* – 125).

CLIENT INFORMATION COLLECTED: Information collected includes housing, education, employment, income, age, services received, and diagnosis information.

FUNDING: Medicaid receives both state and federal funds. The federal match rate is redetermined each year on the basis of the state's per capital income in relation to the national average. For federal fiscal year 1998, the federal share of expenditures is 61.41%. The state pays the remaining 38.59%. Each year, Indiana is required to report annual waiver expenditures to the federal government.

CASE MANAGERS: Case managers are employed by the 16 AAA's; in addition, independent case managers may be certified by the area agencies. The case managers conduct the day-to-day case management operations of all the Medicaid waivers. Case management services include responsibility for locating, managing, coordinating and monitoring: (a) all proposed waiver services; (b) other State Plan services; (c) needed medical, social, educational and other publicly-

funded services (regardless of funding source); and (d) informal community supports needed by eligible persons and their families. The intent of case management services is to enable waiver participants to receive a full range of appropriate services in a planned, coordinated, efficient and effective manner.

Case management services consist of the following activities: arranging for the provision of services; initiation and oversight of the process of assessment and reassessment of program participant Level of Care, cost effectiveness of services and the review of Plans of Care at appropriate intervals; monitoring and review of waiver participant's services; service coordination; case planning; assessment and referral; and follow-along to ensure quality of care and case reviews which focus on the individual's progress in meeting goals and objectives established through the case plan.

EDUCATION/OUTREACH: Waiver training and technical assistance is provided throughout the year to case managers by FSSA staff in order to assure compliance with current waiver procedures, as well as to address any new or revised waiver procedures. Staff from FSSA also provide general information regarding waivers to such groups as advocate agencies and service providers.

As a result of joint efforts by staff from FSSA and Electronic Data Systems (EDS), the Medicaid fiscal contractor, waiver provider workshops are presented at different sites around the State throughout the year. During 1997, FSSA staff visited 22 Medicaid waiver providers for individual training and recruiting.

A comprehensive *Consumer Waiver Handbook*, completed in March of 1998, was prepared by FSSA staff and financed by the Governor's Planning Council for People with Disabilities. The manual includes basic information on all waiver services, eligibility for services, application procedures, appeal rights and informed choice. The manual is "consumer friendly," as it is written in a clear, straightforward manner.

For all Medicaid waiver providers, there is the *Indiana Home and Community-Based Waiver Program Provider's Manual*. This manual provides detailed information for providers regarding procedures, all waiver programs, rate setting and billing. The manual is continually updated so providers are aware of all modifications. In addition, staff from the area agencies conduct several training sessions and Community Outreach activities during the year.

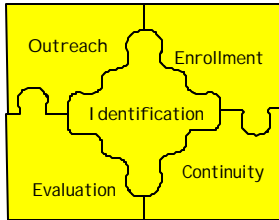
EVALUATION: The program is subject to audit by the federal government to ensure compliance with all aspects of the waivers. Each AAA has a quality assurance improvement program and routinely conducts quality reviews.

WAITLIST: Waitlists occur when slots or dollars are fully utilized. As of June 12, 1998, there were currently 3,018 individuals on the ICF/MR waitlist; 485 individuals on the Autism waitlist; and 301 individuals on the Medically Fragile Children Waiver Waitlist.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Not applicable.

SHARED PATIENT INFORMATION: Client information is confidential; therefore, we normally do not share information. However, we do work in conjunction with other partners to provide appropriate services to assist a person in the community to live safely and feasibly.



Indiana Comprehensive Health Insurance Association (ICHIA)

STATE AGENCY: ICHIA Board, Indiana Department of Insurance.

LOCAL ADMINISTERING AGENCY: Services are provided by ICHIA's Premium Preferred Provider Network.

ELIGIBILITY AND ENROLLMENT: Applications are mailed into Acordia Healthcare Solutions, the administrator of the program.

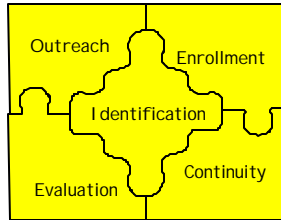
SERVICES PROVIDED: Services include, but are not limited to, hospital expenses, skilled nursing facility care, skilled home health care, mental health services, surgical expenses, transplant services, professional services rendered by a physician and prescription drugs.

ENROLLEES: Indiana residents who are not eligible for Medicaid may be eligible for ICHIA if they meet one the following requirements:

- They have applied for health insurance and they either (1) have one of several conditions which qualify, (2) have been rejected, (2) have been accepted but at a higher premium than ICHIA, or (4) have received a notice which included a material underwriting restriction.
- They do not have any other form of health insurance or coverage.
- They are not eligible for Medicare and are 65 or older.

EDUCATION/OUTREACH: A toll-free number is available for informational purposes.

Health Services Programs



Maternal and Child Health (MCH)

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: Local service providers consist of local Health Departments, not-for-profit agencies, hospitals and social services agencies.

ELIGIBILITY AND ENROLLMENT: Eligibility is determined at the site of service. Services may be received the same day the application is filled out.

SERVICES PROVIDED: Primary care medical services including well baby and well child services; immunization; treatment for minor illnesses; and referral for complicated or chronic illness. Clients also receive social services and nutritional counseling as needed. MCH Child and Adolescent Health projects serve approximately 26,650 children and youth per year.

ENROLLEES: MCH programs are available to all women and children; however, emphasis is placed on targeting women of childbearing age, low-income populations and those who do not have access to health care. Services are targeted to families less than 250% FPL. If income is less than 100% FPL, services are free.

CLIENT INFORMATION COLLECTED: The enrollment form collects demographic and family income information as well as a medical and social history.

FUNDING: MCH is funded almost entirely by the Federal Maternal and Child Health Services Block Grant (Title V of the Social Security Act). States are required to spend \$3 for every \$4 dollars of federal funds. In addition, a small amount of state money is received for prenatal care services.

CASE MANAGERS: Some local agencies are funded to provide prenatal care coordination and family care coordination. They assure that clients and families receive necessary medical and social services.

EDUCATION/OUTREACH: MCH manages the Indiana Family Helpline directly out of the ISDH offices. Hoosiers may call this toll-free number to find out where health and social services are available and for help obtaining services. MCH provides training for prenatal substance abuse prevention, education for care coordinators, and education for prevention of childhood lead poisoning.

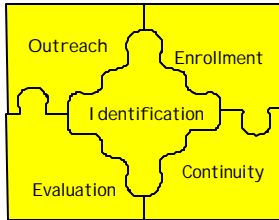
EVALUATION: MCH has a series of performance measures, including the number of children served. Local projects have specific objectives to achieve and numbers of clients to serve. Federal requirements include a needs assessment every five years and an annual application and report. The report must include the following information: number of individuals served; proportion of each class of individual which has health coverage; types of services provided within each class; and information by county and racial and ethnic group regarding infant mortality, low birth-weight rates, etc. The State must audit Title V expenditures not less often than once every two years.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Federal and state mandates encourage collaboration and coordination. MCH does use a sliding fee scale and this causes complications when a provider receives funding from several sources.

CHIP REIMBURSEMENT: Medical services provided by local providers could be reimbursed. If CHIP will cover social services, dental services and case management, these could be covered, also. CHIP administrative funds could be used to fund the Family Helpline and other outreach administered by MCH.

SHARED PATIENT INFORMATION: At this time there is a common enrollment form with WIC and Children's Special Health Care Services (CSHCS).



Women, Infants and Children (WIC)

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: County WIC offices.

ELIGIBILITY AND ENROLLMENT: Eligibility is determined at local WIC clinics throughout Indiana.

SERVICES PROVIDED: The purpose of the Special Supplemental Program for Women, Infants and Children is to improve the participants' health and quality of life by providing nutrition education and counseling; medical and social referrals; and supplemental food to eligible women and children.

ENROLLEES: Participants of the WIC program must meet three criteria to qualify for the program: Indiana residency, income at or below 185% FPL and be at medical or nutritional risk. Participants are limited to pregnant women, breast-feeding women up to one year after delivery, postpartum women up to six months after delivery, infants, and children under five years of age. In 1996, the WIC program served 32,956 women; 36,835 infants; and 62,751 children aged 1 to 5.

CLIENT INFORMATION COLLECTED: Information collected includes demographics, nutrition and health status.

FUNDING: The WIC program is funded with a discretionary grant from the U.S. Department of Agriculture (USDA).

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: WIC has local agencies that sponsor and administer local WIC clinics that serve WIC clients. Local agencies agree to do outreach targeting their areas. An outreach plan must be approved by ISDH.

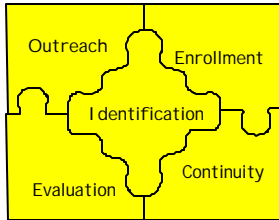
EVALUATION: At the state level, the USDA performs management reviews to evaluate the WIC office. State WIC consultants perform comprehensive program and financial reviews at the local level. All reviews are initiated and performed every two years.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Federal regulations mandate that WIC funds be used solely for WIC-related activities. However, an integral part of WIC is making referrals.

CHIP REIMBURSEMENT: There are not any CHIP-related services provided by WIC.

SHARED PATIENT INFORMATION: Confidentiality laws preclude the sharing of patient information.



Immunizations

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: 94 local health departments, approximately 71 other public health clinics, and about 1,000 primary care physicians participate in the Immunizations program.

ELIGIBILITY AND ENROLLMENT: Eligibility is determined by the parent/guardian's completion of the Vaccine Administration Consent form and, if applicable, the Vaccines for Children (VFC) eligibility form. It takes approximately 10 minutes to complete this form required to receive the free vaccine.

SERVICES PROVIDED: Free vaccines are provided to all age-appropriate medically eligible children.

ENROLLEES: CDC 317 funds are available to all children under 19. VFC eligibles include children without health insurance, children eligible for Medicaid, American Indians or Alaskan Natives, and children with insurance that does not cover immunizations (vaccinations for underinsured children must be administered at Federally Qualified Health Centers).

Approximately 40% of all children in Indiana receive CDC-supplied vaccine. The number of children who receive services is unavailable; however, in 1997, public immunization providers administered 605,862 doses of vaccine to these children.

CLIENT INFORMATION COLLECTED: Information collected includes name, address, date of birth, Social Security number, parent name, phone, language, gender, race/ethnicity, immunization history and primary care provider.

FUNDING: Funding is provided by an annual grant from the Centers for Disease Control and Prevention (CDC). The following reports are required: Monthly Vaccine Adverse Event Reporting System (VAERS) forms; Monthly Supplemental Case Reports (for vaccine-preventable diseases); Quarterly Discarded Measles Cases Report; Annual Progress Report; Annual Immunization Registry Status Report; Annual Report of Perinatally-Related Hepatitis B Prevention Data; Annual School Entry Report; Biennially Child Care Facility Report; Annual VFC Population Report; Annual Report of Progress Toward Implementing Required WIC Linkage; and Annual Financial Status Report.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: Vaccine information statements (VIS's) are given to parents/guardians prior to each dose of vaccine to be administered. The Indiana Minority Health Coalition conducts extensive outreach in seven areas of the state identified with low immunization levels. The Marion County Health Department conducts an outreach program called "Race for Health" and employs outreach workers to identify and follow under-immunized children in the county. The ISDH Immunization Program makes available various educational materials to immunization providers and the general public. The Indiana State Medical Association (ISMA) conducts educational programs for VFC-enrolled physicians.

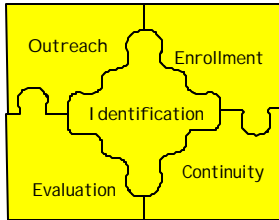
EVALUATION: Clinic Assessment Software Application (CASA) audits each provider annually; the National Immunization Survey (NIS) publishes results twice each year from the CDC; Annual School Entry Reports and Biennial Child Care Facility Reports are reviewed.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: WIC regulations do not allow the sharing of patient specific data with other immunization providers, such as local health departments, public clinics and private physicians.

CHIP REIMBURSEMENT: Administration of vaccines could be reimbursed to providers by CHIP. Vaccines could be purchased for all children who do not qualify for either age-appropriate 317 vaccines or the VFC program. Also, with Indiana's new hepatitis B law, CHIP could fund this expensive three-shot series for those children who do not otherwise qualify under VFC.

SHARED PATIENT INFORMATION: Information is not shared at this time due to confidentiality laws. Also, for the same reason, Indiana does not have a central immunization registry which would provide for the sharing of specific patient information.



Indiana Childhood Lead Poisoning Prevention Program (ICLPPP)

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: *Screening Activities* – Network of almost 500 health care providers; *Follow-up Activities* – Health care providers and local health departments.

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: Blood lead screening is provided to children from birth to six years of age. Blood lead is analyzed by the ISDH Lead Laboratory. Reports are provided to the health care provider. If the child has a “high” level, the provider is called for follow-up activities to begin. Medical supplies, postage, training and environmental inspections are provided.

ENROLLEES: Screening is available to all children through six years of age. If a child is Medicaid-eligible, Medicaid is billed.

CLIENT INFORMATION COLLECTED: Information collected includes name; date of birth; gender; Social Security number; Medicaid number; Authorization number; race/ethnicity; birthplace; home address and phone; parent/guardian’s name and signature; primary medical provider’s name, address and phone; and test information including reason for test, urgency code, sample type and screening site.

FUNDING: An annual grant is received from the Centers for Disease Control, which requires quarterly reports. Medicaid and Maternal and Child Health funds are also utilized.

CASE MANAGERS: Not applicable. The responsibility is left to local providers.

EDUCATION/OUTREACH: The ICLPPP office provides educational brochures, videos and data to local health departments, health care providers and the public/media. Lead poisoning brochures are also available at the Indiana Housing Authority.

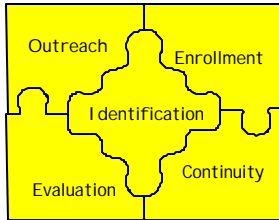
EVALUATION: Each year’s data is compared to the baseline data of 1996. Evaluation methods for targeted counties and cities are being developed.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Screening reports are confidential; however, cooperation is encouraged.

CHIP REIMBURSEMENT: Services provided to the CHIP population could most likely be reimbursed.

SHARED PATIENT INFORMATION: Other states may receive the information upon request. Case follow-up is coordinated with the local health department. Confidentiality must be maintained.



Healthy Start-Lake County

STATE AGENCY: Indiana State Department of Health (ISDH) – *provides technical and consultative support only*

LOCAL ADMINISTERING AGENCY: Northwest Indiana Health Department Cooperative

ELIGIBILITY AND ENROLLMENT: Services can be provided at the time of application.

SERVICES PROVIDED: Services are provided in East Chicago, Gary, Hammond and Lake Station. Services include case management; community outreach and care coordination; health education; transportation; prenatal and postpartum medical referral and care; and pregnancy testing. Health care for infants up to one year is provided through an agreement with child health care providers including several Maternal and Child Health clinics and hospital clinics.

ENROLLEES: Services are provided to pregnant women, postpartum women and infants up to one year of age.

CLIENT INFORMATION COLLECTED: Information collected includes basic demographics; family composition; health status information; and information to determine the status of basic needs, such as housing, social support and income.

FUNDING: Healthy Start receives federal funds from the Department of Health and Human Services.

CASE MANAGERS: Program case managers are Bachelor or Master-level health or social services professionals. Primary functions include assessment and care plan development; follow up; and evaluation.

EDUCATION/OUTREACH: A wide array of health education classes are offered. Topics include prenatal/postpartum care; infant development; smoking cessation; contraception; breast feeding; parenting; and Lamaze.

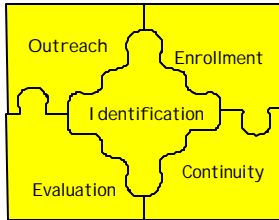
EVALUATION: The program is subject to both national and local evaluation. Major service data reports are submitted twice a year. The program is evaluated based on outcomes of activities and stated goals and objectives. Data are generated by an internal management information system and participant surveys.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Healthy Start encourages coordination with all appropriate programs. Coordination with Title V-funded local agencies is encouraged.

CHIP REIMBURSEMENT: Prenatal and postpartum care for adolescents and transportation services may be eligible for CHIP reimbursement. Infant health services could be reimbursed to collaborative providers.

SHARED PATIENT INFORMATION: Patient information is only shared with written patient consent.



Healthy Start-Marion County

STATE AGENCY: Indiana State Department of Health (ISDH) – *provides technical and consultative support only*

LOCAL ADMINISTERING AGENCY: Health and Hospital Corporation of Marion County coordinates 15 sub-contractor community agencies

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: Health and Hospital subcontracts with 13 health care and 2 social service providers in the targeted areas. Services range from primary care to care coordination to education-based programs.

ENROLLEES: Services are offered to non-pregnant, pre-adolescents and adolescents (ages 10-19), and to pregnant and parenting adolescents (under 19). Some of the collaborating agencies offer programs only to male adolescents or to female adolescents. There are also programs directed to the parents of the adolescents.

CLIENT INFORMATION COLLECTED: Data collected include neighborhood-specific population data; behavioral and environmental factors; poverty level; maternal educational level; perinatal measures; infant mortality and low birth weight indicators; and infant health status measures. Pre and post-test interventions are also conducted to examine changes in health outcome, behaviors, attitudes and service delivery.

FUNDING: The Indianapolis Prevention of Adolescent Pregnancy Program (I-PAPP) is funded by federal grant funds through the Department of Health and Human Services.

CASE MANAGERS: Five case managers assess adolescents for risk level; coordinate and provide clinical services; and perform community and school outreach. A sixth case manager is responsible for linking clients with prenatal and social services.

EDUCATION/OUTREACH: Education sessions provide a wide array of educational topics pertinent to the program provided by the collaborating agency. Non-pregnant pre-adolescents and adolescents are provided education-based programs to prevent or delay sexual activity. Other educational programs include Sexually Transmitted Disease information; alcohol, tobacco

and other drug use prevention; life skills; and childbirth and parenting education. Outreach activities take place in the school, neighborhood and clinic setting.

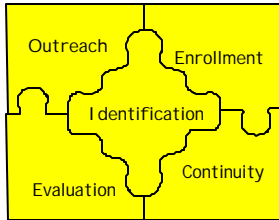
EVALUATION: Evaluation relies on a set of performance indicators that reflect the goals and objectives of I-PAPP to determine the level of change in age-specific birthrates, adverse health outcomes for teens and offspring, and process outcomes at the neighborhood and individual level. Use of the SAVI/GIS database permits comparisons with neighborhoods that are not targeted by project activity.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: The community agencies network and coordinate care of the program participants to meet specific needs.

CHIP REIMBURSEMENT: Primary health care services are provided by the Action Center, Clarion and Wishard Health Services to adolescents and their children regardless of their insurance status. Most of the adolescents are uninsured. Prenatal care coordination is provided in two communities. The adolescents and their offspring are then followed for up to two years without reimbursement.

SHARED PATIENT INFORMATION: The Regenstrief Medical Record System is a state-of-the-art medical information management system that has recently been expanded to network medical information to remote health care sites throughout Marion County. Data are captured and shared from Wishard Memorial Hospital, Regenstrief Health Center, Indiana University Medical Center Hospital, five neighborhood health clinics supported by the Marion County Health Department, three homeless shelters, five non-IUMC hospitals, and Revco, DS Inc. Access to the system is strictly limited according to existing policies and procedures established by IUMC.



Family Planning

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: Eight local public or not-for-profit grantees, including two Planned Parenthood's, four county health departments, a Community Assistance Program (CAP) agency, and a multiservice not-for-profit agency, determine eligibility and provide services.

ELIGIBILITY AND ENROLLMENT: Eligibility is determined by completion of an enrollment form, which includes demographic information, and a medical and social history. Clients declare their low-income status, and usually receive services the during the first visit. Clients are also referred to Medicaid at the first visit.

SERVICES PROVIDED: Family planning provides physical exams, family planning counseling, and contraceptive supplies. Ancillary services include nutritional assessment and counseling, psychosocial assessment, counseling and referral, and health education on a variety of topics (i.e., self-breast exams, sexually transmitted diseases, substance abuse prevention, smoking cessation, folic acid, etc.).

ENROLLEES: The target population is low income, under 250% FPL, women of childbearing age (primarily ages 15-44 years). Approximately 5,500 clients under 19 years of age are served annually.

CLIENT INFORMATION COLLECTED: The Enrollment Form and Encounter Form collect demographic information and medical and social histories, in addition to recording the services being provided. Financial information is also collected.

FUNDING: The program is funded by the Title V Maternal and Child Health Block Grant. States are required to spend \$3 for every \$4 dollars of federal funds.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: Local grantees provide education and outreach.

EVALUATION: Family planning services are evaluated based upon federally required outcomes (e.g., the proportion of unduplicated women receiving comprehensive physical exams).

Local grantees are evaluated based upon outcomes and receive site reviews in addition to completing annual reports.

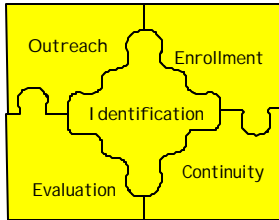
Title V requirements include a needs assessment every five years and an annual application and report. The report must include the following information: number of individuals served; proportion of each class of individual which has health coverage; types of services provided within each class; and information by county and racial and ethnic group regarding infant mortality, low birth-weight rates, etc. The State must audit Title V expenditures not less often than once every two years.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Medical information is confidential; however, coordination with other programs is encouraged.

CHIP REIMBURSEMENT: Family planning and medical services provided to adolescents under 19 years of age should be reimbursable.

SHARED PATIENT INFORMATION: Some demographics are published and some are shared upon request. Individual patient information is confidential.



Hoosier Assurance Plan

STATE AGENCY: Division of Mental Health (DMH), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: Managed care providers

ELIGIBILITY AND ENROLLMENT: Eligibility is determined through the use of the Children's Adolescent Functional Assessment Screen (CAFAS). Enrollment is accomplished by the provider by faxing a weekly number of qualified individuals to DMH. Enrollment is complete when DMH authorizes enrollment, if funds are available in the regional pool where the enrollee lives.

SERVICES PROVIDED: Enrolled children can receive one or more of the following services: (1) 24 hour/day crisis intervention; (2) case management; (3) outpatient and intensive outpatient services; (4) acute stabilization and detoxification; (5) mental health treatment in a residential setting; (6) day treatment; (7) family support services; (8) medication, evaluation and monitoring; and (9) services to prevent unnecessary and inappropriate treatment and hospitalization.

ENROLLEES: Children/youth are eligible for enrollment in the Hoosier Assurance Plan if they have a mental illness diagnosis and are below 200% of poverty.

CLIENT INFORMATION COLLECTED: Information collected monthly includes date of birth, enrollment date, gender, race, ethnicity, disability, level of functioning, marital status, living arrangement, employment, insurance, and education. Quarterly reports include billing information, services provided and expenditures.

FUNDING: The program is funded by the federal Mental Health Block Grant and with state funds.

CASE MANAGERS: All managed care providers who contract with DMH employ case managers. They provide identification and outreach integrative services, perform individual assessments, provide service planning, implement service access and coordination, monitor service delivery, reassess, and maintain written documentation.

EDUCATION/OUTREACH: DMH primarily relies on contracted mental health and addictions providers to perform outreach activities.

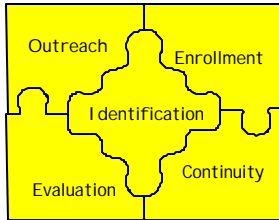
EVALUATION: DMH annually publishes a “Provider Profile Report Card” for children, adults and addicted persons. The Report Card contains information from consumer satisfaction surveys and provider assessments. Providers are also evaluated by national accrediting entities.

WAITLIST: DMH is not aware of any waiting lists for children’s mental health services. Resources available from DMH, however, would only pay for a portion of the children who would be eligible for the Hoosier Assurance Plan according to prevalence figures for serious emotional disturbance.

FEDERAL/STATE MANDATES: DMH encourages interagency coordination.

CHIP REIMBURSEMENT: All current mental health services that are reimbursable through the Medicaid Rehabilitation Option (MRO) should be reimbursable by CHIP; they are (1) outpatient services, (2) case management, (3) day treatment (or partial hospitalization), and (4) activities of daily living. Also, Medicaid clinic services could be reimbursable, such as in-patient services or medication.

SHARED PATIENT INFORMATION: DMH shares information with FSSA’s Office of Information Technology.



Hoosier Assurance Plan (Substance Abuse)

STATE AGENCY: Division of Mental Health (DMH), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: Certified substance abuse treatment managed care providers.

ELIGIBILITY AND ENROLLMENT: When funding is available, services can begin within one week, after eligibility determination.

SERVICES PROVIDED: Treatment planning, crisis intervention, case management, outpatient and intensive outpatient, acute stabilization including detoxification, residential, day treatment, medical evaluation and family support services.

ENROLLEES: The child must have a DSM-IV diagnosis and be below 200% FPL.

CLIENT INFORMATION COLLECTED: Information collected includes age, gender, race/ethnicity, county of residence, diagnosis, education, income, family size and health insurance status.

FUNDING: Funding includes state funds and federal funds from the Substance Abuse Prevention and Treatment Block Grant.

CASE MANAGERS: Case management is provided by the substance abuse treatment provider, based on the goals of the treatment plan and to facilitate successful recovery.

EDUCATION/OUTREACH: Managed care providers publicize the availability of their services in their respective areas, as well as informing referral sources.

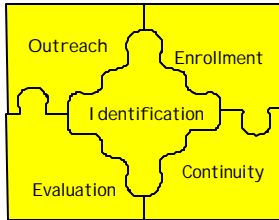
EVALUATION: Each year a provider profile report card is produced.

WAITLIST: There are waitlists if funds are not allocated or are depleted during the course of a fiscal year.

FEDERAL/STATE MANDATES: Coordination must be performed in accordance with federal confidentiality requirements.

CHIP REIMBURSEMENT: Services are Medicaid reimbursable; however, many private health insurance plans have limits on these services. It will depend on the long-term CHIP option chosen.

SHARED PATIENT INFORMATION: Information is not shared at this time.



Alcohol, Tobacco and Other Drug Prevention Services

STATE AGENCY: Division of Mental Health (DMH), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: Prevention providers are state agencies and community-based, not-for-profit agencies under contract with the Division. Eligibility is determined through the State's broad agency announcement process.

ELIGIBILITY AND ENROLLMENT: Eligibility varies by program.

SERVICES PROVIDED: Teen and middle level leadership training through the Juvenile Justice Task Force, Inc. After-school substance abuse prevention programs are provided for youth 10 through 14 years of age for the winter months from 3 to 6 p.m., and from 12 to 6 p.m. during the summer. "Focused" prevention programs, such as normative education concerning drug use, and "supportive" prevention programs, such as after-school tutoring, are among the categories of service made available by providers for selection by parents and children.

A prenatal program, Prenatal Substance Use Prevention Program (PSUPP), provided by the Indiana State Department of Health (ISDH) is provided through regional offices. PSUPP is an education-based program that is provided through regional offices of the ISDH. Some teens are enrolled. A postnatal program for first-time families, Healthy Families, is provided in counties by Offices of Family and Children. Some teens are enrolled.

ENROLLEES: Prevention services are population-based for moderate-risk, 10 to 14 year olds. Funding is provided for participants under 200% FPL.

CLIENT INFORMATION COLLECTED: A voluntary pre/post survey of drug use is collected. Demographics are collected through admissions procedures. Risk factors are collected through secondary sources.

FUNDING: Programs are funded through the Substance Abuse Prevention and Treatment Block Grant and the Safe and Drug-Free Schools and Communities Block Grant. Annual applications and reports are required by the funding sources. Site visits by the federal offices, Center for Substance Abuse Prevention and the U.S. Department of Education, include technical reviews.

CASE MANAGERS: Case managers in the form of home care visitors are utilized by the Healthy Families program for first-time families. Community-based caseworkers provide the Prenatal Substance Use Prevention Program. The majority of the participants in these programs are adults.

Youth development workers under program supervisors provide the direct services in the after-school programs for youth 10 through 14 years of age. Teen Institute and middle Level Leadership Institute use adult volunteers to conduct their programs with youth.

EDUCATION/OUTREACH: The subcontract with the Indiana Prevention Resource Center (PRC) provides the Regional Alcohol and Drug Awareness Resource site for prevention providers. Through Indiana University, the PRC provides a web site: www.drugs.indiana.edu.

The Division is requiring levels of competence under the contracts with contractors that provide after-school programs. An independent, not-for-profit organization, the Indiana Prevention Professionals, Inc., is coordinating classes for individuals to acquire credentials as prevention professionals. Courses are now offered at Ball State University, Indiana University, IUPUI, and Purdue University. Distance learning is available through Western Kentucky University and Ball State University. Indiana Higher Education Television System will offer courses this fall.

EVALUATION: By contract, providers agree to evaluation and submit measurable program objectives. In addition, process objectives are required such as target numbers of individuals to be served. A satisfaction survey is scheduled for this fall with youth and their parents for the after-school program. An independent survey of drug use is conducted in schools statewide which is used to compare participants who are not enrolled in the after-school program versus those who have participated six weeks or longer in after-school programs. These evaluations are conducted by the Indiana PRC.

The Division of Family and Children (DFC) of FSSA, the Indiana State Department of Health, and the Juvenile Justice Task Force, Inc., programs have independent evaluations scheduled of their services and participants' satisfaction scheduled.

WAITLIST: Not applicable. Programs are developed where there is need. The programs are funded based on demand.

FEDERAL/STATE MANDATES: The Division adheres to all rules and regulations protecting the privacy of youth and their families. Their participating in surveys funded through the Division is voluntary, confidential and anonymous.

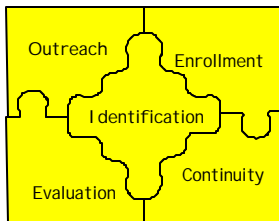
No federal or state mandates prevent coordination with other state agencies and programs so long as the given agency adheres to the confidentiality and parental consent requirements. Interpretation of the existing laws, on occasion, inhibits participation in surveys of drug use

locally by, for example, particular school boards. The use of the Social Security numbers by schools is a common identification practice. This form of identification has been adopted for use by the after-school programs for the purpose of **attendance**. Careful explanation to parents of the use of these numbers is required during the admissions process. Parents sign consent for youth to be in the after-school programs.

CHIP REIMBURSEMENT: In general, the primary prevention services for youth are education-based, youth development activities that are provided by prevention specialists in public health models. The services are not part of a medical treatment regimen prescribed by a physician. However, in primary prevention programs that serve adults, such as the one run by the ISDH, prenatal coordinators' education-based prevention services that are part of prenatal care services, have been paid.

SHARED PATIENT INFORMATION: Not applicable.

Case Management Programs



First Steps

STATE AGENCY: Division of Family and Children (DFC), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: The First Steps system is administered at the local level by a System Point of Entry (SPOE) that has been selected by the local First Steps planning and coordinating council. FSSA has a contractual relationship with the entities selected to serve as the System Point that authorizes them to act as the local lead agency (see Attachment A). The SPOE is staffed by an intake coordinator with responsibility for facilitation of eligibility determination and development of a service plan.

ELIGIBILITY AND ENROLLMENT: The intake coordinator is responsible for the collection of existing information from the family, primary medical care provider(s) and others who have relevant information related to eligibility determination. A combined enrollment document must also be completed as part of the eligibility determination process. The intake coordinator identifies, with the family, a minimum of two professionals from different disciplines who will assist in the eligibility determination process. These disciplines are based on the presenting needs of the child and concerns of the family. Eligibility is redetermined on an annual basis. By federal and state regulation, the SPOE is responsible to ensure that no more than 45 calendar days elapse from the date of referral to the implementation of services. The current statewide average time is 43 days.

SERVICES PROVIDED: Services that are required to be available to enrolled children are: Speech Therapy, Occupational Therapy, Physical Therapy, Developmental Therapy, Social Work, Psychological Services, Nutrition, Health, Nursing, Medical Diagnostics, Audiology, Vision Services, Assistive Technology, Service Coordination, Transportation, and Family Training and Counseling (see Attachment B).

ENROLLEES: Children below the age of three are eligible for First Steps if the multidisciplinary team determines they have any one of the following conditions:

- 1) Disabilities due to developmental delay;
- 2) A physical or mental condition that has the probability of resulting in developmental delay; or
- 3) Being at risk of having substantial delays due to biological risk factors, as documented by a physician, that would cause or contribute to a developmental delay.

In 1997, 8,856 children received services through First Steps.

CLIENT INFORMATION COLLECTED: Family and household information; reason for referral; clinical evaluation findings; employment and income information; household information; insurance information; school; health care utilization during last year; other social/community services utilized; developmental milestones; and pregnancy and birth information (see Attachment C).

FUNDING: First Steps is funded through state and federal fiscal allocations from a variety of programs. The primary sources of funding are the Social Services Block Grant (SSBG), the Maternal and Child Health Services Block Grant (Title V), Title XIX, Day Services for the Disabled, and a State Early Intervention line item.

CASE MANAGERS: Service Coordination is a required service for early intervention (see Attachment D). Service Coordination consists of the following activities:

- 1) Coordinating and facilitating the evaluation activities related to eligibility redetermination;
- 2) Coordinating the scheduling, authorization and performance of assessments as necessary;
- 3) Facilitating and participating in the development, review and evaluation of Individualized Family Service Plans (IFSPs).
- 4) Assisting families in identifying available services, including parent-to-parent support;
- 5) Coordinating and monitoring the delivery of available services, including assistance in identification and access to available sources of financial support for these early intervention services, including Medicaid and Children's Special Health Care Services (CSHCS), through Financial Case Management Services;
- 6) Informing families of the availability of advocacy services;
- 7) Coordinating with medical and health providers; and
- 8) Facilitating the development of a transition plan to, within and from the early intervention system, including transition to Part B special education, pre-school services or other community services as appropriate at age three or when the child is no longer eligible for early intervention services.

EDUCATION/OUTREACH: First Steps has established a *Unified Training System* in collaboration with the Department of Education, Division of Special Education. The *Unified Training System* supports the statewide coordination and training activities related to young children, and provides greater access to learning opportunities for families and service providers.

In addition, First Steps has supported the development of a statewide child find/public relations campaign that is family-focused and child friendly.

EVALUATION: Evaluation is an integral part of program development for First Steps. Several evaluations are underway, including a study by the Center for Families at Purdue University; a

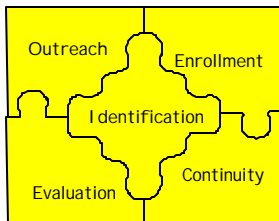
recently completed evaluation by the Center for Innovative Practices for Young Children; and an upcoming study to evaluate the Central Reimbursement Office.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: While conflicting regulations at both the state and federal level can create complications in the collaborative process, committed policy staff can usually identify mechanisms to support the desired outcomes.

CHIP REIMBURSEMENT: All medically necessary services approved by the Medical Home are eligible for reimbursement.

SHARED PATIENT INFORMATION: Information is shared as part of the combined enrollment process and central reimbursement process.



Healthy Families

STATE AGENCY: Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: Varies by locality.

ELIGIBILITY AND ENROLLMENT: Healthy Families Indiana has two main components: assessments and home visits. A standardized tool is used to systematically assess the strengths and needs of all families in the defined target population and identify families who are most likely to benefit from intensive home visiting services. HFI Assessment Workers assess families during a conversational interview using the Kempe Family Stress Checklist, an instrument capable of predicting which families are more likely to abuse or neglect their newborns within the first two years. In all communities, assessments are done either prenatally or at the time of birth so that home visits may begin 90 days after the birth or earlier.

SERVICES PROVIDED: Families who voluntarily agree to be part of the Healthy Families Indiana program are assigned a home visitor. The home-visiting component of the program is tailored to the individual family needs. The home visitor, known as the Family Support Worker (FSW), visits at least weekly with a family for up to one year, or longer if needed. The FSW offers extensive support to the family by helping establish support systems, teaching problem-solving skills and by enhancing positive parent-child interaction. S/he also offers information, education and referrals to community resources as appropriate. Healthy Families is serving approximately 2,600 families with infants.

ENROLLEES: Healthy Families serves at-risk families. HFI is serving approximately 2,600 families with infants.

CLIENT INFORMATION COLLECTED: The Datatude system will provide data for the local sites to use for their program and community planning and evaluation. It will be transferred electronically to a central site for state HFI staff and evaluation staff to review and compile for reporting and planning. The system will include demographic data on all participating families, target children and other household members; scores from the Family Stress Checklist; health care data, including immunization and well-child visit records; individualized service plans with family-generated goals and plans for achieving them; monthly service logs; and home visit records. In addition, staff are encouraged at several points to identify and document family strengths.

FUNDING: Indiana is unique in that support for Healthy Families is generated by blending existing federal and state funds, including Maternal and Child Health; Prevention and Treatment of Substance Abuse; Child Welfare; Criminal Justice Delinquency Prevention; Child Abuse Prevention Treatment Act; and Temporary Assistance to Needy Families for maintenance of effort. Community-based partnerships and state support have expanded the funding resources to over \$10 million for 1998.

CASE MANAGERS: The FSW is responsible for initiating and maintaining regular, at least weekly, and long-term, up to five years, contact and support for families. This activity will occur primarily within the family's home and will be intensive (each visit should last at least one hour). The interventions should be family-centered, strength-based and directed at establishing a trusting relationship: assisting in strengthening the parent-child relationship; assisting parents in improving their skills to optimize the home environment; improving the family support system; and increasing the family's ability to problem solve and assume the role of advocate for themselves and their children. Activities may also include identifying and referring to other supportive agencies, including health care entities.

EDUCATION/OUTREACH: Under the leadership of the Healthy Families Indiana "Think Tank" a three-year Strategic State Plan was designed to establish an effective infrastructure consistent with state and national goals for families and children. On-going review and evaluation of the document by the Think Tank, state agencies and other public/private professionals will assure that the program goals are linked to results and continuous improvement. Over 600 copies of the Strategic State Plan have been share with other states developing statewide networks similar to Healthy Families.

Quality assurance is a major component of the infrastructure which supports Health Families programs statewide. Competency-based training, a program monitoring system, and outcome evaluation practices comprise the most critical and effective methods to establish consistent standards within each program. These standards provide the basis for service elements which have been identified through research as associated with desirable family outcomes. These are known as "Critical Elements." All HFI program sites are required to model these elements to comply with the National Committee to Prevent Child Abuse (NPCA) and the National Council of Accreditation for Families and Children credentialing standards.

EVALUATION: Quality assurance is a major component of the infrastructure which supports Health Families programs statewide. Competency-based training, a program monitoring system, and outcome evaluation practices comprise the most critical and effective methods to establish consistent standards within each program. These standards provide the basis for service elements which have been identified through research as associated with desirable family outcomes. These are known as "Critical Elements." All HFI program sites are required to model these elements to comply with the National Committee to Prevent Child Abuse (NPCA) and the National Council of Accreditation for Families and Children credentialing standards.

The program goal of preventing child abuse and/or neglect of 95% of participating families was surpassed. Of the families served successfully, 99.1% were not reported for child abuse and/or neglect, despite the fact that these families were at higher risk.

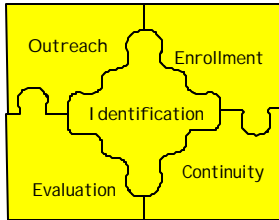
WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Not applicable.

SHARED PATIENT INFORMATION: Families may be identified through several points of entry, including hospitals, WIC offices, health clinics and physicians' offices.

Program Coordination



Indiana Perinatal Network (IPN)

STATE AGENCY: Maternal and Child Health (MCH), Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: IPN is a non-profit organization with an advisory board which includes staff from ISDH and FSSA, as well as the March of Dimes.

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: IPN will administer the *Baby First* media campaign (see pp. 52-3). IPN participates in professional development activities in the area of perinatal health. An IPN newsletter and online magazine provide information to promote healthier mothers and babies.

ENROLLEES: Not applicable.

CLIENT INFORMATION COLLECTED: Not applicable.

FUNDING: Funding is obtained from federal grants and private donations.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: See Services Provided above, and *Baby First* media campaign on pages 52 and 53.

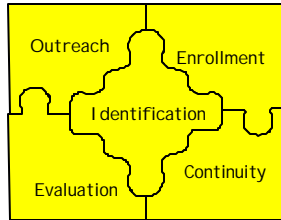
EVALUATION: IPN will be monitoring ISDH's outcome measures regarding low birthweight babies and infant mortality to evaluate the effectiveness of outreach efforts.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: CHIP administrative expenditures could include outreach activities of the IPN.

SHARED PATIENT INFORMATION: Not applicable.



Step Ahead

STATE AGENCY: Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: Step Ahead Council

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: Direct services are not provided. However, councils may be contacted directly for statistics regarding the programs they facilitate.

ENROLLEES: Not applicable.

CLIENT INFORMATION COLLECTED: Information collected includes the community's priorities, goals, objectives and accomplishments.

FUNDING: In 1992, the Indiana General Assembly passed the Step Ahead legislation with bipartisan support. The Step Ahead initiative provided planning grants to help counties develop local Step Ahead Councils and establish a local process for seamless delivery systems for human services. These grants, along with training and technical assistance from the Office of Community Planning, act as strong incentives for local leadership forums to implement county-level systems.

The annual state appropriation for Step Ahead was \$3.4 million for SFY1998. In 1998, \$1.2 million was allocated to local Step Ahead Councils for planning and coordination. \$1.1 million in discretionary grants was awarded to implement county action plans. Step Ahead funds also support pre-school pilot programs, Healthy Families and the Indiana Head Start Collaboration Project which assists in the development of multi-agency and public-private partnerships.

Each local Step Ahead Council, in partnership with the state and local governments, plans and coordinates the use of certain federal funds that are distributed to local entities.

CASE MANAGERS: Not applicable. Community Planning Consultants work with councils on local planning issues.

EDUCATION/OUTREACH: The Office of Community Planning assists the councils in obtaining education around planning issues, creative problem solving, and continual information sharing, as well as coordinating the development of 16 PBS training videos.

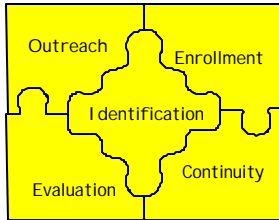
EVALUATION: In 1995, the State Step Ahead Panel entered into a contract with INSIGHTS, Inc., to provide an external process and program evaluation of Step Ahead. The external evaluation included recommendations for improving and refining the Step Ahead process.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Coordination is the foundation of the Step Ahead process. Step Ahead was created to streamline the human service delivery system for families and children at the state and local level and to facilitate communication and collaboration among local service providers, state and local agency representatives, community leaders and the community.

CHIP REIMBURSEMENT: County Step Ahead Councils may be able to facilitate partnerships and promote community awareness of the CHIP program as well as distribute the CHIP brochures.

SHARED PATIENT INFORMATION: Not applicable.



Minority Health Coalition

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: Local Minority Health Coalitions (Allen, Delaware, Elkhart, Grant, Howard, Lake, LaPorte, Madison, Marion, St. Joseph, Tippecanoe, Tri-County of Southern Indiana, Vanderburgh, Vigo and Wayne Counties)

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: The IMHC was created to improve the health status of at-risk Hoosier racial minorities. A statewide network of coalitions promotes health lifestyles through a wide array of local disease prevention, health awareness, referral and information resources, community outreach and program services. The IMHC also maintains a central registry of immunization records and provides information with a toll-free phone number.

ENROLLEES: Not applicable.

CLIENT INFORMATION COLLECTED: Immunization records are collected from various health departments around the state.

FUNDING: Funding is provided by ISDH and private donations.

CASE MANAGERS: Varies by local program.

EDUCATION/OUTREACH: Varies by local program.

EVALUATION: Not applicable.

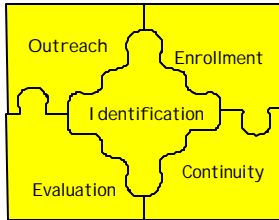
WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Some outreach activities may be reimbursable.

SHARED PATIENT INFORMATION: Immunization information is available to ISDH.

Public Information



Baby First Campaign

STATE AGENCY: Maternal and Child Health (MCH), Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: The Indiana Perinatal Network (IPN) is a non-profit organization with an advisory board which includes staff from ISDH and FSSA, as well as the March of Dimes.

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: The IPN will perform many activities targeted at improving the health of pregnant women and babies, including educational messages regarding the importance of prenatal care and a healthy lifestyle; a “call to action” encouraging women to call the Indiana Family Helpline to register for *Baby First* and receive information and assistance; an educational packet including a videotape and other incentives, including coupons, mailed to each *Baby First* respondent; and follow-up to ensure access to services.

ENROLLEES: The media campaign hopes to reach all pregnant women (approximately 80,000 births per year in Indiana).

CLIENT INFORMATION COLLECTED: ISDH will collect demographic and service information on each caller to the Indiana Family Helpline requesting *Baby First* materials and registering for the program.

FUNDING: The program is funded through private donations and federal grant dollars.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: The media campaign advertising the *Baby First* materials available and providing educational information will include television, radio, print advertising, billboards, buscards, incentives (coupons, videotape, free products), other print media (newspaper, magazines), and printed educational materials. Relationships have been established with the Indiana Family Helpline at ISDH; WRTV-Channel 6; WTLC-105.7FM; Eller Media; Cosco; Bennet Innovations; and Indiana BABE Stores to assist in these activities.

EVALUATION: Registrant information will be monitored from the Indiana Family Helpline. Follow-up cards will be sent including a survey on effectiveness and reminders for prenatal

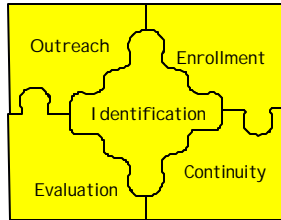
visits, etc. The number of requests for information will be tracked, as well as a media impact analysis on the effectiveness of each media component in spreading the *Baby First* message. Finally, vital statistics information, including infant mortality, low birthweight babies and entry into prenatal care, will be monitored for any changes which may be attributable to the campaign.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Outreach activities could probably be reimbursed as CHIP administrative expenditures if information about CHIP were included in the message.

SHARED PATIENT INFORMATION: Not applicable.



Indiana Family Helpline (IFHL)

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: Not applicable.

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: The Indiana Family Helpline is a statewide Information and Referral Service. We do not provide direct services to our callers, but screen callers for eligibility guidelines on a wide range of program areas. Our mission is to assist in promoting Maternal and Child Health, WIC, CSHCS, and other state programs. Communication Specialists (CS) on the helpline have been trained to screen callers on a wide range of program areas, such as Medicaid (Healthwatch/EPSTD for children under 21 years, Medicaid waivers, Hoosier Healthwise enrollment, transportation, etc.); First Steps; Step Ahead; Day Care Centers; Prenatal Care Providers; Homes for Pregnant Teens; Car Seat Loan; Developmental Screening; Support Groups for Adolescents; CHOICE; Respite Care; Children in Need of Services (CHINS); and Financial Assistance.

ENROLLEES: Not applicable.

CLIENT INFORMATION COLLECTED: Information requested, but not required, includes name, county of residence, medical insurance information; enrollment in Medicaid, TANF, Food Stamps, or WIC; pregnancy and prenatal care information; and services to which the caller was referred.

FUNDING: Maternal and Child Health Block Grant funds the Helpline.

CASE MANAGERS: Not applicable; however, CS may make follow-up calls.

EDUCATION/OUTREACH: Below is a list of the “special campaigns” that have displayed the 800 number on brochures, TV ads, etc. Information about callers is sent to the coordinator of each of the programs.

- Building Bright Beginnings
- CHIP
- Cancer
- Folic Acid
- 1-800-BABY (Healthy Start)
- Ask for the Sake of our Kids
- Indiana Perinatal Prevention
- Osteoporosis Prevention

- Lead Poisoning Program
- Women, Infants and Children (WIC)

Our flyers are also distributed by the Systems Development Consultants and other ISDH employees in a variety of ways, including at Black Expo, the Annual Health Fair, DFC offices, libraries, etc.

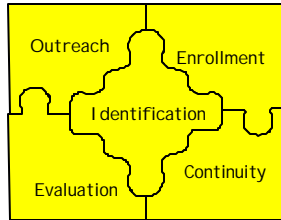
EVALUATION: Indicators include number of new calls, follow-up calls, advocacy calls, range of referrals given and quality assurance calls.

WAITLIST: Calls are always responded to immediately. If the CS is on another call, the call is returned as soon as possible on the same day.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: CHIP could provide support staff or an additional CS.

SHARED PATIENT INFORMATION: Unidentifiable demographic information is shared. Any information regarding clients is only shared with the client's approval while they are on the phone during an advocacy call.



Building Bright Beginnings

STATE AGENCY: Family and Social Services Administration (FSSA), Office of the Governor

LOCAL ADMINISTERING AGENCY: Not applicable.

ELIGIBILITY AND ENROLLMENT: Not applicable.

SERVICES PROVIDED: Services are not provided directly to participants. Building Bright Beginnings is an initiative, targeting children from birth to four years of age, to ensure those factors impacting the development of children are positive and supportive. The initiative focuses on responsible parenting, health and protection, quality child care, and community mobilization.

ENROLLEES: Not applicable.

CLIENT INFORMATION COLLECTED: Information is not collected at this time.

FUNDING: Various state agencies, including FSSA and ISDH, have blended funds for the initiative. Private-public partnerships are being developed in order to provide educational materials to the parents of all newborn children.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: Outreach and education are the primary focuses of Building Bright Beginnings. Activities include:

- Parent Packets: packets include a developmental calendar and are distributed through all delivery hospitals in Indiana
- Brochures
- Public Service Announcements
- Seek and Demand Quality Child Care and Education: public service announcements with brochures for distribution to parents
- Web Site: www.ai.org/gov/BBB
- Toll-Free Indiana Family Helpline

Future outreach activities include Health and Protection public service announcements; information about the effects of mercury on children; and the Building Bright Beginnings exhibit

at Black Expo 98. A state mobilization plan is being developed to include outcomes and critical indicators. A conference is also being planned.

EVALUATION: An evaluation of the calendar and its distribution has been sent to hospitals. The initiative has only been in effect since August of 1997 and has not been evaluated. Baseline data will need to be obtained from various state agencies to develop measurable outcomes. In order to obtain community involvement and feedback, a state Community Mobilizations Task Force has been established with representatives from local Step Ahead Councils, Local Planning Councils, Office of Family and Children, Early Intervention Planning Team, other local planning bodies from various state agencies represented in the Initiative's Working Group, and other interested persons from local communities. Representatives were selected from a number of counties to ensure adequate statewide representation.

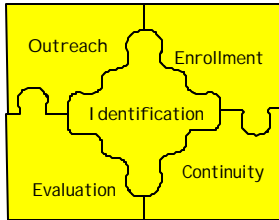
WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Outreach efforts to the CHIP population may be reimbursable.

SHARED PATIENT INFORMATION: Not applicable.

Other Children's Programs



Food Stamps

STATE AGENCY: Division of Family and Children (DFC), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: County Offices of Family and Children

ELIGIBILITY AND ENROLLMENT: Eligibility is determined through an interview with the applicant, or a representative of the applicant, regarding relevant financial and non-financial information. Interviews can be face-to-face or telephone. The state average application processing time is about 12 calendar days.

SERVICES PROVIDED: Benefits are provided in the form of food coupons which are used to purchase food from certified vendors. Employment and training services are also available for certain Food Stamp recipients.

ENROLLEES: Financial eligibility is based upon the evaluation of income and assets. The net income eligibility standard is equal to 100% FPL. Non-financial eligibility requirements include citizenship or legal alienage, state residency, the provision of Social Security numbers, and cooperation with employment and training requirements. The Food Stamp program is currently serving approximately 135,620 children under age 18 per month.

CLIENT INFORMATION COLLECTED: The information collected includes birth date, Social Security number, educational attainment, disability information, address, income, assets and other eligibility compliance information for each individual receiving Food Stamps.

FUNDING: The Food Stamp program is funded solely by federal funds. Administrative costs are funded equally from federal and state funds. The program has specific requirements which must be met which include payment accuracy evaluation quotas, an administrative hearing process for appeals, and a report of participation and expenditure information.

CASE MANAGERS: Case managers currently provide employment and training services. Eligibility is determined by caseworkers.

EDUCATION/OUTREACH: Staff at the central and local offices frequently present information about our programs to interested parties in response to requests. FSSA also contracts with Purdue Cooperative Extension for nutritional educational services.

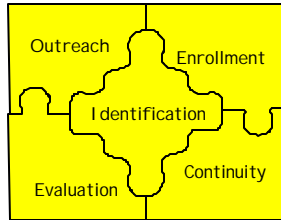
EVALUATION: The program is primarily evaluated for benefit accuracy by local supervisors and the Central Office Quality Control staff.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Food Stamp law provides extensive restrictions on the disclosure of client information.

CHIP REIMBURSEMENT: Not applicable.

SHARED PATIENT INFORMATION: Federal law provides for data matches with the Social Security Administration, Workforce Development, Internal Revenue Service, and the Credit Bureau for purposes of verifying a client's income information.



Free and Reduced School Breakfast and Lunch Programs

STATE AGENCY: Indiana Department of Education (IDOE)

LOCAL ADMINISTERING AGENCY: Public/private school corporations, child care centers and family day care homes.

ELIGIBILITY AND ENROLLMENT: The Division of School and Community Nutrition Programs provides contracts to school corporations and child care centers to participate in the Child Nutrition Programs. These entities provide each household with an application for free or reduced price meal benefits. Determination of the application is to be completed as quickly as possible.

SERVICES PROVIDED: Services provided include the National School Lunch Program, the School Breakfast Program, Special Milk Program, Food Distribution Program and Supplemental Food Program (Child and Adult Care Food Program only).

ENROLLEES: Children under 130% of poverty are eligible for free meals; children under 185% of poverty are eligible for reduced price meals. During the 1996-97 school year, 223,667 children received free lunches and 52,582 children received reduced price lunches.

CLIENT INFORMATION COLLECTED: The Division collects aggregate information regarding enrollment and eligibility for individual sites. Each site must collect child and household member names; monthly income, or food stamp or TANF case number; and the signature of an adult household member.

FUNDING: The nutrition programs are funded federally.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: The Division provides on-site technical training and annual meetings. Quarterly mailings also inform local providers.

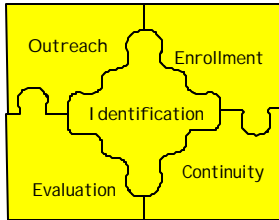
EVALUATION: Division employees monitor local providers for regulatory compliance on a rotating schedule.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Local providers may not release the names of eligible children without a waiver signed by the parent(s).

CHIP REIMBURSEMENT: Not applicable.

SHARED PATIENT INFORMATION: Not applicable.



Child Care Development Fund (CCDF) Voucher Program

STATE AGENCY: Bureau of Child Development (BCD), Division of Family and Children (DFC), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: CCDF is administered at the county level through voucher agents.

ELIGIBILITY AND ENROLLMENT: The length of time to become enrolled from date of application varies from 1-2 days up to 15 days, depending on whether the verification information submitted was complete.

SERVICES PROVIDED: CCDF provides child care to low-income families.

ENROLLEES: TANF recipients are eligible by virtue of their TANF status; other applicants must be at or below 143% FPL and have an established need for the services. Approximately 47,000 children between birth and 13 years of age are currently being served, with very few special needs children up to 18 years of age.

CLIENT INFORMATION COLLECTED: Information collected includes income, number in household, reason family needs child care, sex of client and children, whether parent is single, and Social Security number.

FUNDING: The program is funded with federal and state dollars through the Child Care Development Fund federal program.

CASE MANAGERS: Not applicable. Vouchers are given to parents who access service directly.

EDUCATION/OUTREACH: Automation training and technical assistance are provided.

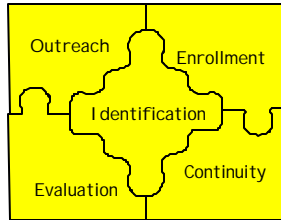
EVALUATION: A voucher agent review process has recently been developed which will be used in the first quarter of fiscal year 1999.

WAITLIST: There are large waiting lists, primarily in urban areas. Waiting lists occur because of a lack of funding in a specific county. Currently, there are approximately 8,000 children on waiting lists throughout the state.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Not applicable.

SHARED PATIENT INFORMATION: Not applicable.



School-Age Child Care

STATE AGENCY: Bureau of Child Development (BCD), Division of Family and Children (DFC), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: CCDF is administered locally through voucher agents.

ELIGIBILITY AND ENROLLMENT: The length of time to become enrolled from date of application varies from 1-2 days up to 15 days, depending on whether the verification information submitted was complete.

SERVICES PROVIDED: CCDF provides child care to low-income families.

ENROLLEES: TANF recipients are eligible by virtue of their TANF status; other applicants must be at or below 143% FPL and have an established need for the services. Of the 47,000 children between birth and 13 years of age who are currently being served, approximately 6,000 are subsidized through school-age child care.

CLIENT INFORMATION COLLECTED: Information collected includes age, race, income, type of care, sex of client and children, whether parent is single, and Social Security number.

FUNDING: The program is funded with federal and state dollars through the Child Care Development Fund federal program. There is also a state school-age child care fund.

CASE MANAGERS: Not applicable. Vouchers are given to parents who access service directly.

EDUCATION/OUTREACH: Technical assistance is provided.

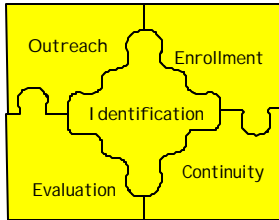
EVALUATION: A voucher agent review process has recently been developed which will be used in the first quarter of fiscal year 1999.

WAITLIST: Local service providers maintain their own waitlists. Waiting lists occur because of a lack of funding in a specific county.

FEDERAL/STATE MANDATES: Not applicable.

CHIP REIMBURSEMENT: Not applicable.

SHARED PATIENT INFORMATION: Not applicable.



Special Education Preschool

STATE AGENCY: Indiana Department of Education (IDOE)

LOCAL ADMINISTERING AGENCY: The following public or private entities have direct or delegated authority to provide special education and related services:

- 1) Public school corporations operating programs individually or cooperatively with other school corporations;
- 2) State developmental centers and hospitals operated or supported by the Division of Mental Health or Division on Developmental Disabilities of the Family and Social Services Administration;
- 3) State schools and programs operated by the State Department of Health;
- 4) Programs operated by the Department of Correction; and
- 5) Private schools and facilities which serve students referred or placed by a public school corporation, the Division of Special Education (IDOE), or the Office of Family and Children.

ELIGIBILITY AND ENROLLMENT: Eligibility is determined by the case conference committee. The case conference committee is a group of public agency personnel, parents and others who meet to determine the eligibility for special education and related services. The student must have a disability based on the State's eligibility criteria. The education evaluation must be conducted and the case conference committee convened within 40 instructional days of the date the designated individual, who accepts referrals, receives parental consent.

SERVICES PROVIDED: Special education and related services are provided. Special Education is specially designed instruction, provided at no cost to the parent, to meet unique needs of a student, and may include: classroom instruction; community-based instruction; instruction in hospitals, nursing homes, or other institutions; homebound or home-based instruction; or instruction in physical education, vocational education or speech-language therapy. Related services include, but are not limited to, assistive technology devices and services; audiological services; counseling; early identification; medical services for evaluation; occupational therapy; parent counseling and training; physical therapy; psychological services; recreation; school health services; social work services in schools; transportation; and rehabilitation counseling.

ENROLLEES: The eligible student must have one of the following disabilities and need special education and related services: autism, communication disorder, dual sensory impairment, emotional handicap, hearing impairment, learning disability, mental handicap, multiple

handicap, orthopedic impairment, other health impairment, traumatic brain injury or visual impairment. Early childhood special education services are limited to students three to five years of age who meet the State's early childhood criteria and are suspected of having one of the disabilities referenced above. Special Education shall be provided for all students between three and twenty-two years of age.

As of December 1, 1997, Special Education Preschool served 9,332 pre-kindergarten children.

CLIENT INFORMATION COLLECTED: Information collected includes the child's disability or reason for enrollment; age; race or ethnicity; gender; and services received.

FUNDING: State and federal legislative appropriations based on a prescribed formula. Allocations of federal funds require local applications and reports to be submitted to the Division of Special Education for review and approval.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: The planning and implementation of child identification or childfind efforts are conducted by local education agencies. Since other public agencies are often mandated to conduct childfind activities, the Division of Special Education requires cooperative planning at the local level between local education agencies and other public agencies to ensure effectiveness of all efforts.

EVALUATION: Past efforts have primarily included monitoring local education agencies to ensure that students are receiving services in accordance with state and federal law. The program review process is on a five-year cycle and occurs in three phases: 1) written policy and procedure review, review of student records and a compilation of data collected through questionnaires; 2) interviews with public agency staff and families, and development of a program overview report; 3) approval of corrective action plans and follow up monitoring. This is a process-oriented evaluation effort. While this process-oriented effort is critical in ensuring that students have equal access to educational services, it does not answer the question of whether the provision of special education and related services provides successful outcomes for students.

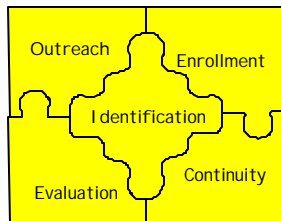
The law that governs special education, known as the Individuals with Disabilities Education Act (IDEA) was reauthorized in 1997. IDEA 97 requires the state education agency to develop performance goals and indicators and state improvement plans. These program evaluation efforts are under development. The current monitoring process is under revision with the intent to continue to monitor toward procedural compliance and to also align our monitoring process with our performance indicators.

WAITLIST: Not applicable. A free, appropriate public education must be available for all eligible students with disabilities. This is an entitlement program.

FEDERAL/STATE MANDATES: Local Education Agencies (LEAs) have complained that they do not receive all evaluation data from early intervention providers for children who transition from Part C of IDEA, First Steps early intervention to Part B, preschool special education. State regulations for both First Steps and special education require that at least six months prior to the child's third birthday, **with parental consent**, the early intervention provider is to transmit to the school corporation the most recent individualized family service plan and the most recent evaluation reports from any appropriate sources. Due to a state law regarding the release of medical information, information from hospitals or doctors is not sent to the school. This is important information in determining eligibility. The school must get a new consent to release the information. The doctor or hospital may also charge the school since they are now requesting these documents which were provided at no charge to First Steps. Families are often frustrated in this duplication of effort and this often complicates and slows the transition process. Children who transition from Part C, First Steps, to Part B, Preschool Special Education, are to have an individualized education program developed and implemented by their third birthday.

CHIP REIMBURSEMENT: Medicaid can be billed for some related services. The Division of Special Education does not collect data on the Medicaid reimbursement of services for which the schools may be billing. I am not aware of many schools who bill for Medicaid. Anecdotal information indicates that the billing process is too complicated. However, reimbursement by CHIP may be an option for services such as occupational therapy, physical therapy, audiological services, medical services for evaluation and psychological services. A family's private insurance may not be utilized if it will affect the lifetime benefits or cap.

SHARED PATIENT INFORMATION: Local Education Agencies (LEAs) are subject to the confidentiality requirement in IDEA 97 and the Family Rights and Privacy Act. LEAs may apply to the Division of Special Education, upon the recommendation of the case conference committee, for assistance in obtaining alternative services or residential services that are beyond the ability of the school to provide without additional funds. With parental consent obtained in the application, the Division of Special Education distributes copies of the completed application to a representative of other state agencies which may be of assistance to the student. The representatives are invited to the multi-agency review committee meeting.



Head Start

STATE AGENCY: Not applicable. *[Federally administered by the Department of Health & Human Services (HHS)]*

LOCAL ADMINISTERING AGENCY: HHS contracts directly with local grantees. All grantees must be private, non-profit entities with proven records of fiscal accountability and enforce the federally established Head Start performance standards and policies. All of the 92 Indiana counties have grantees for the three-to-five-year-old program. The only new grantees might be those funded for Early Head Start.

ELIGIBILITY AND ENROLLMENT: Since most Head Start programs do not operate year round, but on the school year, applications may be secured and reviewed between June and August. During the program year, applications may be taken and each program has a varying length of time before the child receives services. Head Start programs follow state licensing requirements related to a child entering a program. The formal intake time may range from one to two hours and may be conducted in multiple sessions.

SERVICES PROVIDED: Head Start programs provide services as defined in the federal performance standards. These services are normally the following: developmentally appropriate early childhood education; health and nutrition services; social services; family literacy; parent involvement, education and leadership opportunities; disability services; and transportation for children.

ENROLLEES: Federally, children on Temporary Assistance to Needy Families (TANF) are automatically eligible, as are families with an income at or below 100% FPL. Local programs may serve higher-income families up to 10% of their funded enrollment. Children must be either three to five years of age for regular Head Start, or birth to 3 years for Early Head Start.

In 1997, there were 10,782 federally funded slots for children three to five years of age. 12,521 children were served. Numbers may increase annually due to receipt of competitive expansion or Early Head Start funds.

CLIENT INFORMATION COLLECTED: Head Start programs normally collect information about income; family demographics; family social service need or involvement; and family goals. Information regarding the child's social, emotional, physical and cognitive development and health history is also collected.

FUNDING: Programs submit an annual continuing grant request. The grantee is directly funded from HHS in Washington. Programs receive advance funding and are able to draw down funds as they are needed. Base grant sums were established when the grantee began their contract with HHS. Each year, programs normally receive COLA and are eligible to apply for competitive, discretionary and expansion grants.

CASE MANAGERS: Head Start programs normally have individuals who serve in the capacity of a case manager. Federal regulations suggest that there be a case manager for every 50 families.

EDUCATION/OUTREACH: Head Start programs normally have extensive outreach activities for the purpose of recruitment and education of the parents and communities. Parents receive considerable training in a variety of areas related to their young child and personal development. Programs often work with other service entities in the community.

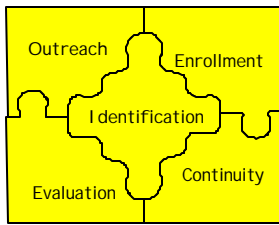
EVALUATION: Grantees must follow the Head Start performance standards and annually secure an audit substantiating fiscal responsibility. Quarterly fiscal and program reports are submitted. Programs must annually conduct a self-evaluation based on the performance standards. The Region V HHS office conducts a program evaluation every three years. As needed, programs are then required to develop an improvement plan either for the annual or regional review.

WAITLIST: Most programs keep a waitlist; the numbers vary from county to county. This usually occurs due to lack of funding in comparison with the community's need.

FEDERAL/STATE MANDATES: Head Start programs are strongly encouraged by HHS to coordinate in all possible ways.

CHIP REIMBURSEMENT: Head Start programs work with families to secure a health home for both the family and the child. Head Start programs often pay for needed child health services which may be reimbursable by CHIP.

SHARED PATIENT INFORMATION: Programs often share information. Programs or other entities must secure parental consent.



Teen Pregnancy Prevention/ Indiana RESPECT

STATE AGENCY: Indiana State Department of Health (ISDH)

LOCAL ADMINISTERING AGENCY: Community-based youth serving organizations, including schools, congregations and community agencies.

ELIGIBILITY AND ENROLLMENT: Grants are provided to community organizations by a Request for Proposal (RFP) application process. Funded grantees identify target population to be served. This is a population-based service; participants are not “enrolled.”

SERVICES PROVIDED: Funded grantees provide sexual abstinence education and adolescent pregnancy prevention education following specific federal and state guidelines.

ENROLLEES: Any adolescent may be served.

CLIENT INFORMATION COLLECTED: Information collected includes gender, age range, race, and role in program (youth/parent/professional). Programs also report the number of unduplicated clients served and the number of clients enrolled.

FUNDING: 52 grantees are funded by the Federal Sexual Abstinence Education Block Grant (Title V); 28 grantees are funded with State Adolescent Prevention Education funds.

CASE MANAGERS: Not applicable.

EDUCATION/OUTREACH: A statewide media campaign will include broadcast media (TV/radio) as well as printed materials. In addition, the program provides technical assistance and training for grantees.

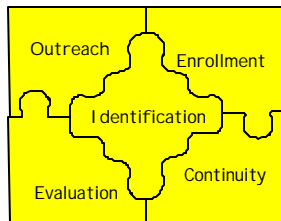
EVALUATION: An outcome evaluation of community grant programs is currently being designed. This evaluation will include pre/post/delayed-post variables and will be offered to all 80 grantees. Grantees will participate in the voluntary evaluation in the Spring of 1999.

WAITLIST: A waitlist does not apply for individual clients; however there were 192 grant applications for 80 available grants in the program's first year.

FEDERAL/STATE MANDATES: Clients are not identified by name, the program is population-based.

CHIP REIMBURSEMENT: There are no direct services provided.

SHARED PATIENT INFORMATION: Summary data for demographic and evaluation purposes are shared.



Temporary Assistance to Needy Families (TANF)

STATE AGENCY: Division of Family and Children (DFC), Family and Social Services Administration (FSSA)

LOCAL ADMINISTERING AGENCY: County Offices of Family and Children

ELIGIBILITY AND ENROLLMENT: Eligibility is determined through an interview with the applicant, or a representative of the applicant, regarding relevant financial and non-financial information. The state average application processing time is approximately 20 calendar days.

SERVICES PROVIDED: Cash assistance is provided to eligible families with dependent children in the home who are under age 18. Employment and training services are also provided to promote self-sufficiency of the child's parent or caretaker in the home.

ENROLLEES: Financial eligibility is based upon the evaluation of income and assets. Income eligibility and benefit payment standards approximate 25% FPL. Non-financial eligibility requirements include citizenship or legal alienage, state residency, the provision of Social Security numbers, and cooperation with child support and employment and training requirements. Families who qualify for TANF are categorically eligible for Medicaid. The TANF program is currently serving about 81,000 children under 18 years of age per month.

CLIENT INFORMATION COLLECTED: The information collected includes birth date, Social Security number, educational attainment, disability information, address, income, assets and other eligibility compliance information for each individual receiving TANF assistance.

FUNDING: The TANF program is funded by a federal block grant and state funds required for maintenance of effort. In order to receive the block grant, a state must meet the conditions of the program, which include the requirement that assistance is only available for families with dependent children. Additionally, parents and caretakers cooperate with child support collections and employment and training requirements. The state must also meet work participation rates and extensive data reporting requirements.

CASE MANAGERS: Case managers currently provide employment and training services. Eligibility is determined by caseworkers.

EDUCATION/OUTREACH: Staff at the central and local offices frequently present information about our programs to interested parties in response to requests.

EVALUATION: The program is primarily evaluated for benefit accuracy by local supervisors and the Central Office Quality Control staff. There is also an evaluation of the welfare reform policies being conducted by Abt Associates of Bethesda, Maryland.

WAITLIST: Not applicable.

FEDERAL/STATE MANDATES: Client information is to be protected from general disclosure, but there is usually a way to perform outreach activities without breaching this protection.

CHIP REIMBURSEMENT: Not applicable.

SHARED PATIENT INFORMATION: Federal law provides for data matches with the Social Security Administration, Workforce Development, Internal Revenue Service, and the Credit Bureau for purposes of verifying a client's income information. State law grants township trustees access to TANF payment information.